

## 23rd Annual Chesterfield County Youth Awards Adult Nomination Form

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Name:	Telephone (Work) Telephone (Home)
Mailing Address:	
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Please complete the nomination form and return to: Chesterfield County Youth Planning and Development PO Box 40 Chesterfield, VA 23832 Fax: 748-1099

E-mail: youthservices@chesterfield.gov

Nominations must be received by 5:00 PM March 24, 2006, to be considered. Contact Youth Planning and Development at 796-7100 if you have questions.

## **Nomination Form**

Name of Adult Nominee:
<b>Adult</b> nominations for the Chesterfield County Outstanding Youth Awards are based on Fortitude, Sensitivity, and/or Service. Please complete the following information, giving specific examples with details to support your nomination.
Which categories apply to this <b>adult</b> ? Your nomination may be based on as many categories as you feel are applicable.
Fortitude Sensitivity Service
Describe here the reasons you are nominating this <b>adult</b> . How have the actions of this <b>adult</b> benefited youth in Chesterfield County? Was it necessary for this <b>adult</b> to overcome any opposition or obstacles?
What depth of understanding of the needs of youth did this adult demonstrate? Did this adult respond to unspoken needs? Was this a response to a specific request? Please explain.
What is the <b>scope of service</b> provided by this <b>adult</b> ? Did the actions of this <b>adult</b> touch many lives or provide a volume of service? Did this <b>adult</b> have to give up any time to perform the actions described? Did this involve a personal sacrifice? Please explain the degree of impact.
Did this <b>adult</b> act alone? Were they part of a group? Explain.
Please use the remaining space for any <b>additional information</b> that you feel will assist the committee in evaluating your nominee. You may attach additional pages,

as necessary.